

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014352

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43Primary Registration District No. 3007Registrar's No. 709

FILED APR 24 1962

1. PLACE OF DEATH

a. COUNTY **BUTLER**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **POPLAR BLUFF**Length of stay in 1b
22 DAYSc. CITY
OR TOWN **CAMPBELL**Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **VETERANS ADMINISTRATION**Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
509 SOUTH LOCUSTReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

DEWEYMiddle
(NONE)Last
SANDEFER4. DATE
OF DEATHMonth
APRILDay
7Year
19625. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
5/11/989. AGE (last birthday)
63IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
FARMER10b. KIND OF BUSINESS OR INDUSTRY
AGRICULTURE11. BIRTHPLACE (City and state or country)
OKLAHOMA CITY, OKLA.12. CITIZEN OF WHAT COUNTRY
USA13a. FATHER'S NAME
JOSEPH SANDEFER13b. MOTHER'S MAIDEN NAME
JULIA NICHOLSON14. NAME OF HUSBAND OR WIFE
LOLA SANDEFER15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes or unknown) (If yes, give year or dates of service)
YES WWI16. SOCIAL SECURITY NO.
[REDACTED]17. INFORMANT Address
VA HOSPITAL RECORDS, POPLAR BLUFF, MO.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

SUBARACHNOID HEMORRHAGEINTERVAL BETWEEN
ONSET AND DEATH

DUE TO (b)

RUPTURE OF CEREBRAL ARTERYConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)**MYOCARDIAL INFARCTION, OLD**PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **VA** **MARCH 16, 1962** to **APRIL 7, 1962** and last saw him alive on **APRIL 7, 1962**Death occurred at **5:55** A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

DAVID V. MILLER, M.D.**VAH, POPLAR BLUFF, MO.****4-7-62**23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial**April 9, 1962****Woodlawn Cemetery****Campbell****Missouri**

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Landess Funeral Home, Campbell, Mo.**4/20/1962****Betty Reid Deputy Registrar**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59012920350

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125-013 1-0

APR-25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Christine L. Beale

Licensed Embalmer No. 4227

P. O. Address Campbell, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.